

FILED OCT 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

32393

BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>3045</u>		Registrar's No. <u>326</u>	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Barnard Maryville</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Barnard</u> d. STREET ADDRESS (If rural, give location) <u>1740</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>O.</u> c. (Last) <u>Nelson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-2-1952</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>10-6-1877</u>		9. AGE (In years, if UNDER 1 YEAR last birthday) Months Days <u>75</u>		10. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
11. BIRTHPLACE (State or foreign country) <u>Wilcox - Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Andrew Nelson</u>		13b. MOTHER'S MARYDEN NAME <u>Rebecca Thompson</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Mary Nelson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Nelson - Barnard - Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIO-VASCULAR-RENAL DISEASE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ANEMIA</u> <u>ULCERATIVE COLITIS & SECONDARY</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u> <u>1 yr.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>AUGUST 25</u> , 19 <u>52</u> , to <u>OCT. 1</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>OCT. 1</u> , 19 <u>52</u> , and that death occurred at <u>4:00 P.</u> m., from the causes and on the date stated above.		23a. SIGNATURE <u>Paul J. Kadell</u> (Degree or title) <u>M.D.</u>	
23b. ADDRESS <u>Conception Jct., Mo.</u>		23c. DATE SIGNED <u>10/3/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-4-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Weatherman C. Guilford - Mo -</u>		24d. LOCATION (City, town, or county) (State) <u>Mo -</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. Stehman</u>		25. ADDRESS <u>Maryville</u>	
DATE REC'D BY LOCAL REG. <u>10-11-52</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		26. (Licensed Embalmer's Statement on Reverse Side)			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

21271937

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed G M Plummer

Licensed Embalmer No. 2279

P. O. Address Weymouth

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.